

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033015
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7936

FILED AUG 22 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
17 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lutheran Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3652 So. Jefferson Ave Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
JOHN

Middle

Last
WEINGARDT

4. DATE
OF DEATH

Month Day Year
August 13, 1962

5. SEX
male

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
11/8/1883

9. AGE (last birthday)
78

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY
shoe mfg.

11. BIRTHPLACE (City and state or country)
Millstadt, Illinois

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Weingardt

13b. MOTHER'S MAIDEN NAME

Margaret Remelius

14. NAME OF HUSBAND OR WIFE

Bertha Nolte

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. John Koppe, 2920 Cherokee St. (18)

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Decongenation

INTERVAL BETWEEN
ONSET AND DEATH
2 weeks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease
420.0

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/3/62 to 8/13/62 and last saw him alive on 8/12/62
Death occurred at 8:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
removal

23b. DATE
8/16/62

23c. NAME OF CEMETERY OR CREMATORY
Mt. Evergreen Cemetery

23d. LOCATION (City, town, or county)
Millstadt, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.

AUG 14 1962

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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Dr. Raymond Mezera

8059 Watson Rd.

WO 1-8206

File Spm 8/13
Spm 8/14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Homer H. Fritz

Licensed Embalmer No.

3882

P. O. Address

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.